

# **DIRES**

# Diabetes Information, Referral & Education Specialist Services Project

## **MEMORANDUM OF UNDERSTANDING**

The Rhode Island Department of Health, Diabetes Prevention & Control Program, Diabetes Multicultural Coalition, community agencies, community health centers, and other persons or agencies involved in the DIRES Project agree to the following:

### Participating agency will:

- Provide time and support for the DIRES to attend three required continuing education trainings.
- Provide quarterly data on the services provided by the DIRES to the Rhode Island Department of Health via a quarterly report due on the 15<sup>th</sup> of the month.
- Provide support to the DIRES to maintain data.

#### **DIRES** resource person will:

- Maintain a log (intake form) of the individuals and/or agencies requesting information.
- Attend continuing education trainings as agreed upon by the participating agency.
- Submit a new Memorandum of Understanding with the signature of his or her new supervisor if the DIRES decides to change jobs and would like to continue being recognized as a DIRES by the Diabetes Prevention and Control Program and the Diabetes Multicultural Coalition.

Agency Director/Supervisor		
	Signature	Date
DIRES Resource Person		
	Signature	Date